

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043595

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

264

Primary Registration District No.

Registrar's No.

50

FILED DEC 4 1962

VS 300  
Rev. 4/59

1 0770

2 0770

3 2

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 90-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gainesville</u>		c. CITY OR TOWN <u>Gainesville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Third Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Otis</u> Last <u>Gilliland</u>		4. DATE OF DEATH Month <u>11</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-8-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County</u>	
11. BIRTHPLACE (City and state or country) <u>Gainesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert O. Gilliland</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Forrest</u>	
14. NAME OF HUSBAND OR WIFE <u>Ana P. Gilliland</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 days</u> <u>3-4 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:45</u> a.m. <u>pm</u> Month, Day, Year <u>12-6-1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Gainesville, Mo</u>		
21. I attended the deceased from <u>12-6-1958</u> to <u>11-26-62</u> and last saw her alive on <u>11-26-62</u> Death occurred at <u>1:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Arthur L. Beard</u>	
22b. ADDRESS <u>Gainesville, Mo</u>		22c. DATE SIGNED <u>11-26-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-28-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gainesville City</u>	23d. LOCATION (City, town, or county) (State) <u>Gainesville Mo</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard, Gainesville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-1-62</u>	26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Lacey*

Licensed Embalmer No. 4885

P. O. Address Cambridge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.